

**PCT****FEE CALCULATION SHEET**

Annex to the Request

For receiving Office use only

**PCT/US 04/04617**

International Application No.

(17.02.04)

Date stamp of the receiving Office

Applicant's or agent's  
file reference

M11;1030

Applicant

DAVIS, RICHARD B.

**CALCULATION OF PRESCRIBED FEES**

1. TRANSMITTAL FEE . . . . .

300

T

300

2. SEARCH FEE . . . . .

1818

S

1,818

International search to be carried out by

EP

(If two or more International Searching Authorities are competent to carry out the international search, indicate the name of the Authority which is chosen to carry out the international search.)

3. INTERNATIONAL FILING FEE

Where items (b) and/or (c) of Box No. IX apply, enter Sub-total number of sheets

62

Where items (b) and (c) of Box No. IX do not apply, enter Total number of sheets

i1 first 30 sheets . . . . .

1035

i1

1,635

i2 \_\_\_\_\_ x \_\_\_\_\_ = \_\_\_\_\_ i2  
number of sheets in excess of 30 fee per sheet

357

i3 additional component (only if sequence listing and/or tables related thereto are filed in computer readable form under Section 801(a)(i), or both in that form and on paper, under Section 801(a)(ii)):

400 x \_\_\_\_\_ = \_\_\_\_\_ i3  
fee per sheet

i3

Add amounts entered at i1, i2 and i3 and enter total at I . . . . .

1035

I

1,387

(Applicants from certain States are entitled to a reduction of 75% of the international filing fee. Where the applicant is (or all applicants are) so entitled, the total to be entered at I is 25% of the international filing fee.)

4. FEE FOR PRIORITY DOCUMENT (if applicable) . . . . .

P

5. TOTAL FEES PAYABLE . . . . .

3153

TOTAL

3,501

**MODE OF PAYMENT** authorization to charge  
deposit account (see below) postal money order cash coupons cheque bank draft revenue stamps other (specify):**AUTHORIZATION TO CHARGE (OR CREDIT) DEPOSIT ACCOUNT**

(This mode of payment may not be available at all receiving Offices)

Receiving Office: RO/ \_\_\_\_\_

 Authorization to charge the total fees indicated above.

Deposit Account No.: \_\_\_\_\_

 (This check-box may be marked only if the conditions for deposit accounts of the receiving Office so permit) Authorization to charge any deficiency or credit any overpayment in the total fees indicated above.

Date: \_\_\_\_\_

 Authorization to charge the fee for priority document.

Name: \_\_\_\_\_

Signature: \_\_\_\_\_